



U.S. DEPARTMENT OF STATE

OMB NO. 1405-0011  
EXPIRES: 03-31-2001  
Estimated Burden: 20 Minutes\*APPLICATION FOR CONSULAR REPORT OF BIRTH ABROAD  
OF A CITIZEN OF THE UNITED STATES OF AMERICA

## A. THIS SECTION TO BE COMPLETED BY APPLICANT.

Please Type or Print Neatly in Blue or Black Ink.  
See Instructions on Reverse Side.

18.

Serial No. \_\_\_\_\_

1. NAME OF CHILD IN FULL (First)

(Middle)

(Last)

2. SEX

☐

M

☐

F

Date Issued (mm-dd-yyyy) \_\_\_\_\_

3. DATE OF BIRTH (mm-dd-yyyy)

4. HOUR

AM

PM

5. PLACE OF BIRTH IN FULL (City, State, Country)

Approved by \_\_\_\_\_

FS Post \_\_\_\_\_

THE FOLLOWING ITEMS PERTAIN TO THE NATURAL PARENTS. COMPLETE FOR BOTH FATHER AND MOTHER.

FATHER

ITEM

MOTHER

6. FULL NAME  
(Include mother's maiden name)7. DATE OF BIRTH  
(Month, day, year)8. PLACE OF BIRTH  
(City, State, Country)9. PRESENT ADDRESS  
(Street No., City, State)10. ADDRESS IN UNITED STATES  
(Street No., City, State)11. EVIDENCE OF U.S. CITIZENSHIP  
IF ALIEN, SHOW NATIONALITY

FROM (mm-dd-yyyy)

TO (mm-dd-yyyy)

12. PRECISE PERIODS OF PHYSICAL  
PRESENCE IN UNITED STATES  
(Do not list individual States. Use  
additional paper, if necessary)

FROM (mm-dd-yyyy)

TO (mm-dd-yyyy)

FROM (mm-dd-yyyy)

TO (mm-dd-yyyy)

BRANCH OF SERVICE

13. PRECISE PERIODS ABROAD IN  
U.S. ARMED FORCES, IN OTHER  
U.S. GOVERNMENT EMPLOYMENT,  
WITH QUALIFYING INTERNATIONAL  
ORGANIZATION, OR AS DEPENDENT  
OF SUCH PERSON (Specify)

FROM (mm-dd-yyyy)

TO (mm-dd-yyyy)

BRANCH OF SERVICE

14. PREVIOUS MARRIAGES  
SHOW DATE AND MANNER  
OF TERMINATION OF ALL

15. DATE AND PLACE OF PRESENT MARRIAGE (mm-dd-yyyy, City, State, Country)

## B. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICER, NOTARY PUBLIC OR OTHER PERSON QUALIFIED TO ADMINISTER OATH

16. AFFIRMATION: I SOLEMNLY SWEAR (OR AFFIRM) THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE  
BEST OF MY KNOWLEDGE AND BELIEF.

NAME OF PERSON PROVIDING INFORMATION

SIGNATURE

RELATIONSHIP TO CHILD

SUBSCRIBED TO:

TYPED NAME AND TITLE OF OFFICIAL

SIGNATURE OF OFFICIAL

CITY

DATE (mm-dd-yyyy)

(SEAL)

## C. THIS SECTION TO BE COMPLETED BY CONSULAR OFFICE

17. DOCUMENTS PRESENTED:

18. (See upper right corner)

DS-2029

/SS-5

02-2000

\* The response time is an estimated average including the time needed to look for, get, and provide the information required. You do not have to provide the information requested if the OMB approved has expired. We would appreciate any comments on the estimated response burdens, and recommendations for reducing them. Please send your comments to A/RPS/DIR, U.S.

Department of State, Washington, D.C. 20520